2009

# Cancer Report 2009

Coborn Cancer Center

24th Annual

# Cancer Report 2009

Coborn Cancer Center

CentraCare Health System

# Chairman's Report

Every week during the last year, people have been facing unimaginable circumstances surrounding the downturn in the economy. People have lost their jobs, lost eligibility for health coverage, exhausted savings and prematurely tapped into retirement savings. ***Imagine facing these issues along with a new diagnosis of cancer.*** It happens frequently and is a major challenge for patients and our comprehensive community cancer program.

Medical costs for cancer treatment in the United States are high and continue to increase. The cost of medical care for a cancer diagnosis has nearly doubled since the mid 1980s. Treatment options have become more complex and costly but have resulted in more patients surviving this disease. With an aging population and improved screening, diagnosis and treatment options, the number of people with cancer has more than doubled; it now affects about 27.8 million people with the corresponding cancer expenditures reaching $979 billion.

In calendar year 2009, St. Cloud Hospital entered 1,561 new cancer cases into its registry (representing cancers diagnosed and/or patients receiving treatment at St. Cloud Hospital, Coborn Cancer Center and CentraCare Radiation Oncology at Douglas County Hospital). Since 1994, more than 18,800 patients have received their cancer care here. We recognize that these numbers reflect patient confidence in the diagnostic and treatment capabilities of our physicians and St. Cloud Hospital.

Having the available technology, drugs, physicians and staff, while critically important, is not all that is needed to support a patient and his/her family through diagnosis and treatment. During these tough economic times, addressing the financial challenges facing patients has become a key priority for our cancer program. We have worked hard to improve clinical services, assure available technology, add physician specialists and advance quality initiatives to enable optimal outcomes for our patients.

We are equally proud of our efforts during the last year to provide more comprehensive survivorship support services to patients at no cost. While many cancer programs across the United States have been forced to cut back or omit support programs, we have been able to expand these services with support from St. Cloud Hospital and CentraCare Health Foundation. Program enhancements include:

- Oncology social workers who are available for inpatients at St. Cloud Hospital and outpatients at Coborn Cancer Center. Coborn Cancer Center's social worker has completed special certification to work with patients having financial concerns, an ever-growing need for our patients.

- Dedicated Coborn Cancer Center staff who assist patients to optimize available insurance benefits. These staff members also act as liaisons with pharmaceutical-sponsored assistance programs to obtain low or no-cost drugs based on patients' financial situations.

# Achievements

- Additional disease site registered nurse care coordinators. There are now three highly specialized coordinators available to work with patients, primary care providers, oncologists and other specialists regarding breast, lung and gastrointestinal (stomach, colorectal, esophagus, liver and pancreas) cancers. The care coordinator may enter a patient's life when a cancer is first suspected or newly diagnosed. These specialized nurses are health care partners who help with questions, education and support throughout the cancer journey.

- A transportation assistant, available to meet patients and families at the door of Coborn Cancer Center and provide a wheelchair or an extra pair of hands when needed.

- Expert cancer-focused registered dietitians. These professionals provide nutritional assessment and support to help patients and their families maintain weight and nutrition. This improves the likelihood that they will complete treatment and thus improve overall outcomes and quality of life.

- Access to a free educational program entitled "Tools for Making Health Care Decisions." This program uses evidence-based tools to teach community members proactive decision support skills which can be helpful when faced with a tough health care decision.

- Emotional support for children through the CLIMB® (Children's Lives Include Moments of Bravery) program. Specially trained facilitators provide ongoing sessions for children who have a parent or primary caregiver with cancer.

- Support groups for many cancer diagnoses, art therapy and other events sponsored by Coborn Cancer Center and several other community care providers. All are well-received and free to participants.

Even in the face of health care reform and the ever-changing landscape of oncology, we continue to strive to be a leader for quality, safety, service and value. We thank you for trusting us with your life and health.

Jo Zwilling, RN, MBA
Cancer Program Director

Nicholas F. Reuter, MD, FACP
Cancer Medical Director

Coborn Cancer Center is proud to be a department of St. Cloud Hospital and is equally proud to provide the same high-quality care that St. Cloud Hospital is known for.

St. Cloud Hospital's national recognition includes:

- Magnet Award for Excellence in Nursing (2004-2008, 2009-2013)
- Thomson Reuters Top 100 Hospital (1993, 1994, 1999, 2005-2009)
- An "America's Best Hospital" *U.S. News & World Report* (2005-2009)


*Twilight at Coborn Cancer Center at the CentraCare Health Plaza.*

# Life hits high note after cancer experience

**Kirsten Hoese,** Elk River, ovarian cancer survivor

Kirsten Hoese had a love for music during her teen and college years — but never had the time to pursue it. Life got busy with work, raising a family and then helping care for her grandson, Brock. So, ovarian cancer came as a startling diagnosis when she was 62. "It hit me hard — it just came out of the blue," she said. "At first I was scared. I didn't think I'd make it a year."

Thankfully for Kirsten, Coborn Cancer Center offered intraperitoneal chemotherapy*, for which she was a perfect candidate. She credits her recovery to staying busy, reading, exercising, a healthy diet and caring for her grandson. "I wanted to be there for him," she said.

After facing the music with cancer, today, Kirsten has struck a chord with her passion. She started taking voice lessons and enjoys her time with Brock. "I appreciate it all so much more . . . you have to make the most of every day!"

** Intraperitoneal (IP) chemotherapy is a widely used treatment for ovarian cancer. It delivers anti-cancer drugs directly into the abdomen through a tube in a more targeted approach than traditional chemotherapy. The treatment requires the expertise of a handful of various specialties. There are a relatively small number of ovarian cancer patients in our area, however, given the diverse medical specialties in the community and our commitment to offering cutting-edge treatments, we are able to offer IP chemotherapy to those who are candidates.*

# On the green, with a bigger smile

After two of her sisters were diagnosed with breast cancer, Janna Cannon, age 57 of Sauk Rapids, decided not to put off her mammogram. Ten days later, she too, was diagnosed with breast cancer. All three sisters' diagnoses came within 15 short months.

"I wasn't going to have reconstructive surgery." Janna said. But after exploring the possibility with her surgeon, John Houle, MD, Midsota Plastic Surgeons, she didn't have a second thought about having a Deep Inferior Epigastric Artery Perforator (DIEP) flap procedure.* "It was a positive, life-changing experience," Janna said. "It gave me hope — after being taken apart and put back together — of being not only the same me, but a better me."

Today, Janna spends her free time with family or on the golf course. After going through her cancer experience Janna says "It's a better me, with a bigger smile!"

**Janna Cannon,** Sauk Rapids, breast cancer survivor

** The "Deep Inferior Epigastric Artery Perforator" (DIEP) flap is a breast reconstruction procedure. DIEP flap is the latest and most technically advanced procedure for reconstructing a patient's breast using her own tissue from the abdomen. DIEP flap may cause less pain, allow for a shorter hospitalization and decrease the chances of some complications.*

# Hockey games and mammograms . . . too important to miss

**Shannon Petroske,** St. Cloud, breast cancer survivor

Shannon Petroske, mother of three had it all, a loving family, an active life with her job and kids' activities . . . and a family history of breast cancer. She always did self breast exams but followed her doctor's advice to start mammograms at age 38. And thankfully so. The following year, Shannon was diagnosed with breast cancer.

"I'm so glad I talked to my doctor when I did," she said. "Had I waited until 40, I fear I would not be where I am today." Between hockey, soccer and dance practice, Shannon makes sure never to miss important appointments.

# Journey with cancer can't trump travels

Judy Scheuerell has traveled to exotic locations such as India and Russia. But in 2007, her love of travel led to a foreign journey — a journey with breast cancer.

When Judy, 68, had her annual mammogram, they found a lump in her left breast. She had early-stage breast cancer.

Judy was treated at the Coborn Cancer Center in St. Cloud and was fortunate enough to be a candidate for MammoSite® 5-Day Targeted Radiation Therapy.*

"MammoSite therapy got me through my radiation treatment in less than a week and back to my normal, active life again," Judy said. "The day that I went in for my mammogram to the end of MammoSite therapy took less than one month. And, I only had mild fatigue and discomfort. It was amazing."

Judy has returned to her everyday life and continues to do all the things she loves: play golf, tennis, bridge, ski, read and especially travel.


**Judy Scheuerell,** Sartell, breast cancer survivor

* *MammoSite® is a breast conservation therapy that delivers radiation in the space left when the tumor is surgically removed. MammoSite may be an option for patients with early-stage breast cancer, who are candidates for a lumpectomy and meet certain other criteria. A benefit of the therapy is the shortened radiation procedure time — five days total versus the traditional 35 days.*

## A focus on Women's Cancers

# Breast Cancer

Cancers that occur primarily in women include breast, uterine and ovarian. In the United States, these three cancers accounted for 36% of the new cancers diagnosed in women during 2009. There were 785 women newly diagnosed with cancer during 2009 at St. Cloud Hospital. Breast, uterine and ovarian cancers accounted for 45% of these cases.

For this annual report, Maria Mallory, MD, and Christian Schmidt, MD, surgeons with CentraCare Clinic – River Campus, were asked to take a close look at breast cancer care at St. Cloud Hospital. Robert Stocker, MD, gynecologist with CentraCare Clinic — Women & Children and Nathaniel Reuter, MD, surgical oncologist with CentraCare Clinic – River Campus, took a further look into ovarian and endometrial cancers. The following focus studies are a summary of their findings and the impact on St. Cloud Hospital and the community.

Maria Mallory, MD

Christian Schmidt, MD

## Incidence

In 2009, there were 306 female breast cancer cases diagnosed and/or treated at St. Cloud Hospital. This compares to 258 women in 2008. Although the national incidence of breast cancer has decreased about 2% per year from 1999-2006, the numbers diagnosed and/or treated by St. Cloud Hospital continue to increase. This is likely due to increasing population growth in the service area and availability of comprehensive breast services located at St. Cloud Hospital rather than increased incidence.

## Screening

According to the Centers for Disease Control (CDC), 81% of women, ages 50-74, received the recommended mammography screening for breast cancer in 2008. Combining data from 2002-2006, the percent of women, ages 40 and older, who reported having a mammogram in the previous two years was somewhat lower, in rural areas (78%) than urban areas (82%) in Minnesota. New controversial breast cancer screening recommendations from the United States Preventative Services Task Force (USPSTF) were published in 2009. Women, ages 40-49, were recommended to not have an annual mammogram and women, ages 50-75, were only to be screened every two years instead of annually. These new recommendations resulted in confusion and controversy. At this time, most health care providers continue to follow the more conservative recommendations by the American Cancer Society — to begin mammography screening at age 40 and to continue annually regardless of age unless the woman has serious chronic health problems and a limited life expectancy.

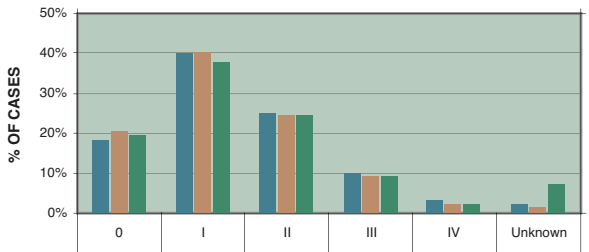
## Stage at diagnosis

The majority of breast cancer cases diagnosed at St. Cloud Hospital are considered early stage (0-1) using the American Joint Committee on Cancer (AJCC) staging system. As seen in Table 1, these cases

TABLE 1

**Breast Cancer: AJCC Stage at Diagnosis**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB)



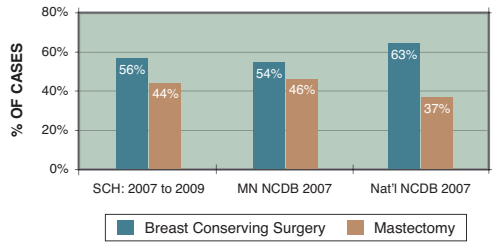

| | 0 | I | II | III | IV | Unknown |
|---|---|---|---|---|---|---|
| SCH 2007-2009 | 17% | 40% | 25% | 10% | 4% | 3% |
| MN NCDB 2007 | 21% | 40% | 24% | 9% | 3% | 2% |
| Nat'l NCDB 2007 | 19% | 37% | 24% | 9% | 3% | 7% |

accounted for 57% of the total breast cancer cases seen at St. Cloud Hospital. The hospital's breakdown by stage is comparable to Minnesota and national rates as reported by the National Cancer Data Base (NCDB). Today, most women are diagnosed by ultrasound or stereotactic needle biopsy as an outpatient procedure in contrast to open surgical biopsy done in the past. Early diagnosis for women diagnosed with breast cancer at St. Cloud Hospital is attributed to focused emphasis on screening by providers and women themselves.

TABLE 2

**Breast Conserving Surgery vs Mastectomy**
**AJCC Stage I and II Cases**

St. Cloud Hospital* (SCH) and National Cancer Data Base (NCDB)




* **SCH Cases: Only patients receiving surgery at St. Cloud Hospital**



## Treatment

A diagnosis of early stage breast cancer offers a variety of treatment options beginning with surgery — mastectomy versus breast conserving surgery. Research shows women with early stage breast cancer treated with breast conserving surgery plus radiation therapy were as likely to be alive and disease-free 20 years later as women treated with mastectomy. Fifty-six percent of women with stage I-II breast cancer treated surgically at St. Cloud Hospital had breast conserving surgery. This compares well with Minnesota and national statistics (Table 2).

An important national measure of quality is radiation therapy administered within one year of diagnosis for women under age 70 who received breast conserving surgery. Even when considering two patients who declined the recommended radiation, St. Cloud Hospital had 99% of patients receiving the recommended radiation therapy.

Women are referred for cancer risk assessment and genetic counseling when their personal or family history is suggestive of familial or hereditary cancer. This is another important step in the follow-up treatment for women with breast cancer.

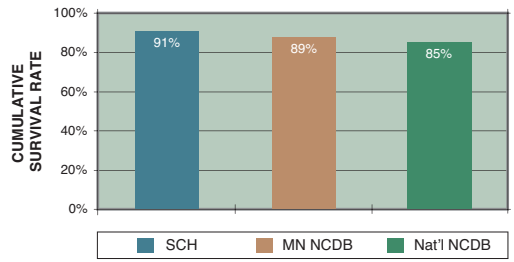
## Survival

With a 91% overall five-year survival rate for breast cancer, St. Cloud Hospital compares favorably to Minnesota and national rates (Table 3). When considering long-term survival rates, the rates reflect women treated using past therapies and may not reflect more recent advances in early detection or treatment.

TABLE 3

**Breast Cancer: Five Year Observed Survival Rates**
**All Stages: 1998 to 2002**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB)







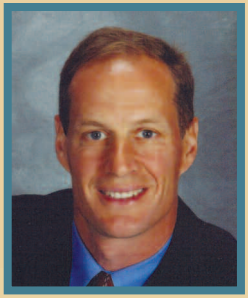
The Breast Center extends its services and expert care to women across Central Minnesota with its Mobile Mammography Program. A fully equipped vehicle visits more than a dozen communities.

In 2009, the mobile program screened 2,458 women, including 114 done at reduced or no cost through SAGE, Minnesota's cancer screening program.

## Summary

Breast care continues to evolve. Awareness and screening programs have lead to earlier diagnosis. A multi-disciplinary approach has become the standard of care. A new weekly breast cancer conference has been developed to review new breast cancers and treatment options. This is one example of our commitment to state-of-the-art care.

# Uterine (Endometrial) Cancer



Robert Stocker, MD

## Incidence

Endometrial cancer starts in the lining of the uterus. It is the most common type of uterine cancer and accounts for approximately 6% of the new cancers diagnosed in women each year in the United States. The American Cancer Society estimates that more than 43,000 cases will be diagnosed in 2010 across the country. There were 31 patients diagnosed and/or treated for endometrial cancer at St. Cloud Hospital during 2009. This represented 4% of the newly diagnosed cancers in women seen at the hospital during that year.

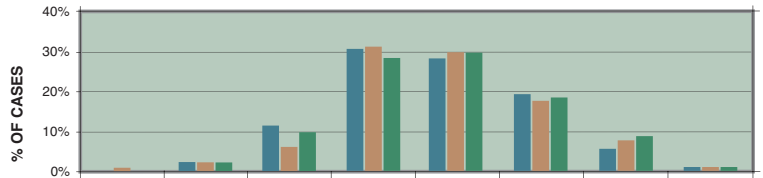
## Screening

Although the cause of endometrial cancer is unknown, increased estrogen levels appear to play a role. There is no standard or routine screening test for endometrial cancer, however, all women should have a pap/pelvic exam routinely. If a woman is determined to be at high risk by her physician, screening annually with endometrial biopsy and/or transvaginal ultrasound, beginning at age 35, may be recommended. If a woman after age 40 experiences a change in bleeding pattern, or there is vaginal bleeding in a menopausal woman, there should be an office-based endometrial biopsy with a transvaginal ultrasound. More than half of women diagnosed with endometrial cancer are between the ages of 50-69 as seen in Table 4, which compares the age of diagnosis of St. Cloud Hospital cases with Minnesota and national cases. Abnormal vaginal bleeding is the most common symptom, presenting in nine out of ten women diagnosed. This would include vaginal bleeding or spotting in post-menopausal women and bleeding between periods in pre-menopausal women. Other symptoms may include pelvic or lower abdominal pain. This supports women continuing to have regular pelvic exams and pap smears as recommended by their providers.

TABLE 4

**Endometrial Cancer: Age at Diagnosis**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB)




| | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 | 90 and over |
|---|---|---|---|---|---|---|---|---|
| SCH 2007-2009 | 0% | 3% | 12% | 31% | 28% | 19% | 6% | 1% |
| MN NCDB 2007 | 1% | 3% | 7% | 32% | 30% | 17% | 8% | 1% |
| Nat'l NCDB 2007 | 0% | 3% | 10% | 28% | 30% | 18% | 9% | 1% |

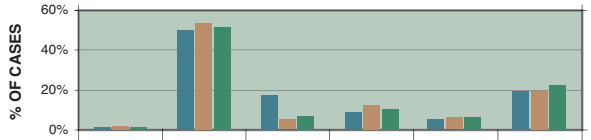
## Stage at diagnosis

Many endometrial cancers are diagnosed at an early stage (AJCC 0-I). Of the women diagnosed and/or treated at St. Cloud Hospital during 2007-09, 50% were diagnosed as stage I. This is consistent with Minnesota and national findings (Table 5).

TABLE 5

**Endometrial Cancer: AJCC Stage at Diagnosis**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB)*




| | 0 | I | II | III | IV | NA/Unknown |
|---|---|---|---|---|---|---|
| SCH 2007-2009 | 1% | 50% | 17% | 9% | 5% | 19% |
| MN NCDB 2000-2007 | 2% | 56% | 5% | 12% | 6% | 19% |
| Nat'l NCDB 2000-2007 | 1% | 52% | 7% | 11% | 6% | 23% |



## Treatment

Treatment decisions are based on the stage of the tumor. The majority of women with early stage endometrial cancer (meaning the cancer has not yet spread outside of the uterus) will be cured simply by the surgical removal of the uterus. For cases with more extensive tumors, radiation or radiation and chemotherapy, in addition to more extensive surgery, are considerations; many require a lymphadenectomy (removal of surrounding lymph nodes). Recent years have brought changes and eased the way radiation is used to treat endometrial cancer. In addition, in 2009 St. Cloud Hospital added a surgical oncologist with the ability to treat more advanced uterine and ovarian cancers.

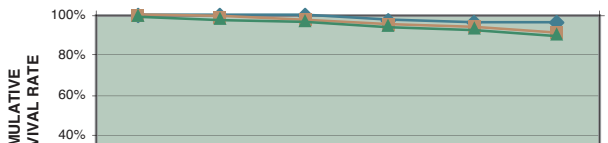
## Survival

Since the majority of cases diagnosed and treated at St. Cloud Hospital are stage I, it is important to look at the survival rate for this patient group. Observed five-year survival for stage I patients diagnosed and treated at St. Cloud Hospital is 96%. This compares favorably to Minnesota data (91%) and national data (90%) (Table 6).

TABLE 6

**Endometrial Cancer: Five Year Observed Survival Rates Stage 1: 1998 to 2002**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB)




| | 0.0 yr | 1.0 yr | 2.0 yr | 3.0 yr | 4.0 yr | 5.0 yr |
|---|---|---|---|---|---|---|
| SCH | 100% | 100% | 100% | 98% | 96% | 96% |
| MN NCDB | 100% | 99% | 97% | 96% | 95% | 91% |
| Nat'l NCDB | 100% | 98% | 96% | 94% | 92% | 90% |



Nathaniel Reuter, MD, joined the surgical team at St. Cloud Hospital in 2009. Dr. Reuter has received specialized training for staging and optimal surgical management of cancer patients, especially helpful when treating endometrial and ovarian cancers.

# Ovarian Cancer

## Incidence

Ovarian cancer is the ninth most common cancer in women. The American Cancer Society estimates 21,880 new cases of ovarian cancer will be diagnosed in the United States during 2010. There were 16 women diagnosed and/or treated for ovarian cancer at St. Cloud Hospital during 2009. This represented 2% of the newly diagnosed cancers in women seen at St. Cloud Hospital that year. Although ovarian is a relatively rare cancer, receiving a diagnosis of ovarian cancer is difficult and life-changing.

A significant risk factor for ovarian cancer is age — most ovarian cancers develop after menopause. This is supported by St. Cloud Hospital, Minnesota and national data shown in Table 7. In the years 2000 to 2007, more than 50% of ovarian cases were diagnosed at age 60 or older, and greater than 75% were diagnosed at age 50 and older.

Another important risk factor is a strong family history of breast or ovarian cancer. According to the American Cancer Society, up to 10% of ovarian cancers result from an inherited tendency to develop the disease. Thus, a genetic consult may be advised for women with an increased familial risk.

## Screening

There is currently no effective routine screening for early detection of ovarian cancer. Women who are at *high risk* of developing ovarian cancer or have symptoms may be screened/diagnosed with a pelvic exam, transvaginal ultrasound, a blood test for a tumor marker referred to as CA125 and/or a CT scan. Although these tests are useful in diagnosing ovarian cancer, they are not currently used for routine screening in asymptomatic or low risk women. Physicians frequently rely on report of symptoms such as bloating/pelvic pain/change in bleeding pattern and pressure. Currently, there are research studies looking at the effect of routine screening on mortality. Hopefully in the future there will be a way to detect ovarian cancer before a woman is symptomatic.

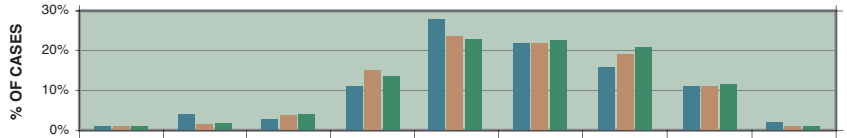
## Stage at diagnosis

Staging of ovarian cancer must be accurate at the time of diagnosis to determine the most effective treatment and overall prognosis. The primary goal of surgery, usually the first treatment for ovarian cancer, is to obtain tissue samples for diagnosis and staging and to remove as much cancer tissue as possible. Unfortunately, the majority of cases are diagnosed in later stages, AJCC stage III, followed by stage IV. Table 8 compares St. Cloud Hospital's stage at diagnosis to similar cancer programs in Minnesota and nationally. St. Cloud Hospital's breakdown by stage is similar to Minnesota data, except for

TABLE 7

**Ovarian Cancer: Age at Diagnosis**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB): 2000 to 2007




| | Under 20 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 | 90 and over |
|---|---|---|---|---|---|---|---|---|---|
| SCH | 1% | 4% | 3% | 11% | 28% | 22% | 16% | 11% | 3% |
| MN NCDB | 1% | 2% | 4% | 15% | 24% | 22% | 19% | 11% | 1% |
| Nat'l NCDB | 1% | 2% | 4% | 14% | 23% | 23% | 21% | 12% | 1% |

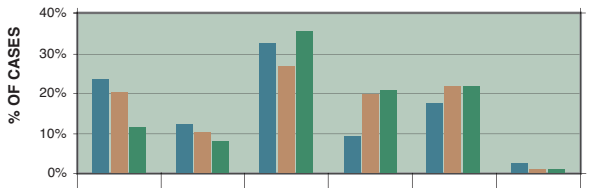
stage IV. St. Cloud's lower percentage may be explained by the fact that patients with clinically obvious advanced disease at diagnosis are frequently referred to academic medical centers. The number of academic referrals is expected to decrease with the 2009 recruitment of a surgical oncologist.

Over the past few years, ovarian cancer has been referred to as the "silent killer" because it usually wasn't discovered until it had spread and was in a late stage. New evidence shows that women with early stage disease may indeed have symptoms, although subtle. Current efforts are being made to educate women and providers on the early signs and symptoms of ovarian cancer to increase detection at an early stage.

TABLE 8

**Ovarian Cancer: AJCC Stage at Diagnosis**

St. Cloud Hospital (SCH) and National Cancer Data Base (NCDB)*




| | I | II | III | IV | Unknown | N/A |
|---|---|---|---|---|---|---|
| SCH 2007-2009 | 24% | 13% | 33% | 9% | 17% | 4% |
| MN NCDB 2007 | 21% | 10% | 27% | 20% | 22% | 1% |
| Nat'l NCDB 2007 | 13% | 7% | 36% | 21% | 22% | 1% |

* NCDB data from programs designated as Community Hospital Comprehensive Cancer Programs by the Commission on Cancer



## Treatment

Treatment involves surgery and usually chemotherapy. The intent of surgery is to remove as much of the tumor as possible and is referred to as debulking. Optimal surgical debulking is very important to increase survival. After recovery from surgery, women diagnosed with ovarian cancer may be referred for chemotherapy. Since 2006, women with AJCC stage III ovarian cancer may be offered intraperitoneal (IP) chemotherapy along with standard intravenous chemotherapy. IP chemotherapy infuses anti-cancer drugs directly into the peritoneal cavity (the space that contains the abdominal organs) through a thin tube. IP chemotherapy requires advanced skill and experience for the surgery and the chemotherapy administration. IP chemotherapy allows higher doses and more frequent administration of the drugs and appears to be most effective in killing cancer cells where the ovarian cancer is likely to spread or recur first. Even though IP chemotherapy has been available at St. Cloud Hospital since 2006, not every woman is a candidate. It is important to realize that treatment for ovarian cancer requires a multi-disciplinary approach, starting with surgery, intraperitoneal therapy, when indicated, systemic chemotherapy and sometimes radiation. Even with new research findings changing the treatment of ovarian cancer, additional studies are needed to further advance screening, early detection and treatment of this complicated disease. Participation in a clinical trial is always considered when a patient is diagnosed with ovarian cancer.

## Survival

Ovarian cancer causes more deaths than any other cancer of the female reproductive system with an estimated 13,850 deaths projected for 2010 by the American Cancer Society. The high mortality associated with ovarian cancer is evident when looking at the overall five-year survival rate for all ovarian cases diagnosed from 1998-2002, in Minnesota (48%) and national (41%), as reported through the National Cancer Data Base. It also is important to note that the overall five-year survival rate during the same timeframe for AJCC Stage I, in Minnesota (90%) and nationally (88%), proves that early detection is key to the survival of women with ovarian cancer.

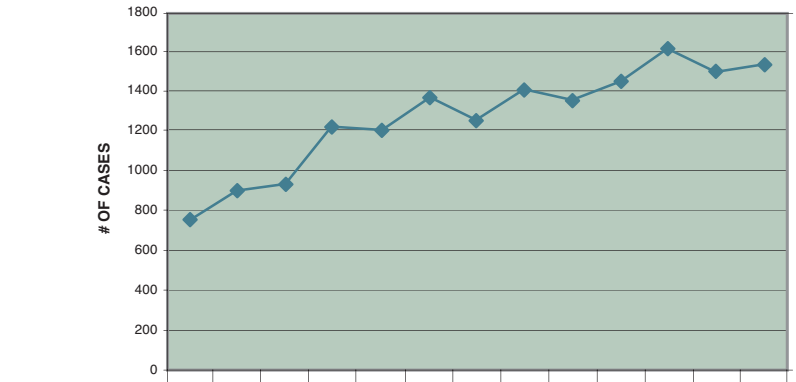
# Activity Report

*Submitted by cancer registry*

The St. Cloud Hospital cancer registry remains busy collecting and reporting important information about cancer cases that are diagnosed and/or initially treated (analytic cases) at St. Cloud Hospital, Coborn Cancer Center and Radiation Oncology at Douglas County Hospital in Alexandria. The information collected by the cancer registrars goes beyond the initial cancer diagnosis and includes a complete abstract of the patient's disease from diagnosis to end of life. Data collected by the registry is submitted to the Minnesota Cancer Surveillance System and the Commission on Cancer's (CoC's) National Cancer Data Base (NCDB).

TABLE 9

**Analytic Cases by Year**
**St. Cloud Hospital Cancer Registry**
**1997 to 2009**




| | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Actual Cases | 749 | 902 | 973 | 1219 | 1198 | 1343 | 1251 | 1404 | 1378 | 1470 | 1613 | 1498 | 1561 |

The registry collected information on 1,561 new cases during 2009 (Table 12). These cases, added to the 17,275 cases already in the registry database, total 18,836 cases that are now followed by the cancer registry. The current follow-up rate for all living cancer patients entered into the registry data base since 1994 is 95% which exceeds the CoC's requirement of 80%. Following patients throughout their life span is vital to understanding the outcomes of treatment and provides accurate survival information.

The trend in the number of analytic cancer cases has steadily increased (Table 9) over the past 13 years. The most frequently occurring cancers continue to be breast, prostate, lung, colon/rectum, malignant lymphoma, with bladder and kidney following closely (Table 10). Together, these cancers made up 72% of all St. Cloud Hospital cases in 2009. The ratio of cases at this facility compares well with the estimated cases for Minnesota and the

TABLE 10

**AJCC* Stage Group at Diagnosis: 2009 Analytic Cases**
(Total Cases and Top Seven Sites)

| | AJCC Stage ** | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| SITE | 0 | I | II | III | IV | UNKNOWN | N/A*** | TOTAL |
| **ALL CASES** | **168** | **352** | **396** | **191** | **256** | **28** | **170** | **1561** |
| Breast | 70 | 113 | 73 | 32 | 16 | 2 | 0 | 306 |
| Prostate | 0 | 0 | 203 | 19 | 13 | 1 | 0 | 236 |
| Lung/Bronchus | 0 | 37 | 17 | 44 | 103 | 2 | 4 | 207 |
| Colorectal | 51 | 39 | 23 | 28 | 15 | 2 | 4 | 162 |
| Malignant Lymphoma | 0 | 28 | 18 | 10 | 33 | 1 | 0 | 90 |
| Bladder | 41 | 10 | 5 | 3 | 5 | 0 | 0 | 64 |
| Kidney | 1 | 29 | 6 | 8 | 11 | 1 | 0 | 56 |

* (AJCC) = American Joint Commission on Cancer
** Collaborative Stage Derived
*** N/A: (Not Applicable): Cancers that do not have an AJCC staging scheme

United States as published in the American Cancer Society's "Cancer Facts and Figures 2009." (Table 11).

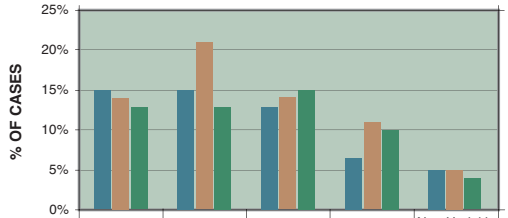
For optimal quality outcomes, lower stage at diagnosis is desired and results in the availability of more treatment options and improved survival ratios. Some cancers are easier to screen for and result in higher percent diagnosis at an earlier stage. However, due to lack of effective screening methods, early stage diagnosis is not always possible. This is the case with lung cancer. The breakdown of stage at diagnosis for the top seven most frequently diagnosed cancers at St. Cloud Hospital generally compares to state and national data (Table 10).

An integral role of St. Cloud Hospital cancer registry is to provide information to monitor quality outcome measures such as volume, survival, and use of and adherence to clinical practice guidelines. In addition, the registry provides data for breast and colorectal cancer quality measures developed by the CoC. The registry's data also meets quality standards (accuracy and timeliness) set by the CoC and the NCDB. During 2009, the cancer registry achieved an abstracting timeliness of three and a half months — which well exceeds the CoC's requirement of six months — to meet standards for an accredited cancer program. More than 1,400 cancer programs submit data to the NCDB, which reflects the diagnosis and treatment of more than 70% of the newly diagnosed cancer cases in the United States.

TABLE 11

## 2009 Incidence of Top Cancer Sites

(Compared to Total Number of Cancer Sites)
St. Cloud Hospital vs Minnesota and Nationwide




| | Breast** | Prostate | Lung | Colorectal** | Non-Hodgkin Lymphoma |
|---|---|---|---|---|---|
| St. Cloud Hospital | 15% | 15% | 13% | 7% | 5% |
| Minnesota* | 14% | 21% | 14% | 11% | 5% |
| Nationwide* | 13% | 13% | 15% | 10% | 4% |

* Minnesota and nationwide statistics taken from the American Cancer Society (ACS) Facts/Figures 2009
** Breast and colorectal numbers include invasive cancers only. The ACS statistics do not provide estimates for non-invasive breast or colon/rectal cancer.

TABLE 12

## Site Incidence Data at St. Cloud Hospital

| ALL SITES | 2007 | 2008 | 2009 |
|---|---|---|---|
| **Head and Neck** | **57** | **33** | **35** |
| Lip and Oral Cavity | 19 | 11 | 6 |
| Pharynx | 18 | 11 | 13 |
| Nasal Cavity/Paranasal Sinuses | 1 | 1 | 1 |
| Salivary Glands | 10 | 2 | 4 |
| Larynx | 9 | 8 | 10 |
| Other Head and Neck | 0 | 0 | 1 |
| **Digestive System** | **276** | **266** | **253** |
| Esophagus | 20 | 11 | 20 |
| Stomach | 22 | 22 | 13 |
| Colon | 126 | 139 | 111 |
| Rectum, Rectosigmoid | 50 | 45 | 51 |
| Anus/Anal Canal | 7 | 2 | 4 |
| Liver & Bile Ducts | 7 | 6 | 7 |
| Pancreas | 34 | 24 | 30 |
| Other Digestive | 10 | 17 | 17 |
| **Respiratory System** | **232** | **185** | **210** |
| Lung/Bronchus | 227 | 183 | 207 |
| Other Respiratory | 5 | 2 | 3 |
| **Hematopoietic/Lymphoid** | **146** | **159** | **157** |
| Leukemia | 36 | 33 | 29 |
| Multiple myeloma | 15 | 18 | 27 |
| Other Hematopoietic | 25 | 29 | 11 |
| Hodgkin Lymphoma | 9 | 12 | 15 |
| Non-Hodgkin Lymphoma | 61 | 67 | 75 |
| **Bone** | **4** | **2** | **0** |
| **Connective Tissue** | **4** | **4** | **9** |
| **Skin** | **45** | **34** | **32** |
| Melanoma | 44 | 32 | 31 |
| Other skin | 1 | 2 | 1 |
| **Breast** | **272** | **259** | **306** |
| **Female Genital** | **42** | **51** | **55** |
| Cervix Uteri | 6 | 4 | 7 |
| Corpus Uteri | 20 | 30 | 31 |
| Ovary | 16 | 14 | 16 |
| Vulva | 0 | 1 | 1 |
| Other | 0 | 2 | 0 |
| **Male Genital** | **302** | **248** | **254** |
| Prostate | 291 | 237 | 236 |
| Testis | 9 | 11 | 13 |
| Other Male Genital | 2 | 0 | 5 |
| **Urinary** | **137** | **140** | **126** |
| Bladder | 66 | 70 | 64 |
| Kidney/Renal pelvis | 68 | 66 | 56 |
| Other Urinary | 3 | 4 | 6 |
| **Brain and CNS** | **36** | **48** | **54** |
| Brain (Benign) | 1 | 1 | 2 |
| Brain (Malignant) | 19 | 25 | 32 |
| Other Brain and CNS | 16 | 22 | 20 |
| **Endocrine** | **41** | **50** | **46** |
| Thyroid | 35 | 40 | 40 |
| Other | 6 | 10 | 6 |
| **Unknown Primary** | **20** | **24** | **19** |
| **Other/Ill-defined Sites** | **4** | **7** | **5** |
| **TOTAL** | **1618** | **1510** | **1561** |

# Components of *a quality cancer program*

Measuring the quality of cancer care is much more complicated than it seems at first glance. At Coborn Cancer Center, we have made diligent efforts to monitor indicators and outcomes, and compare our results to national data. We compare things like stage at diagnosis, turnaround times, quality of life, best practices, survival rates, etc. These findings can be viewed by going to www.centracare.com.

Recently there have been news articles and reports about misdiagnoses and erroneous treatment for cancer. How does a patient find the best and most appropriate place to receive their cancer care?

Things to consider when looking for a ***quality cancer program:***

## Comprehensive, state-of-the-art care

Changes in the way cancer is diagnosed, treated and managed are happening every day. Initiatives in cancer care include interdisciplinary care (all the specialists collaborating to provide the best plan); coordinated care, survivorship (follow up and support during and after treatment); and integration of new and innovative treatments and procedures. All this requires a tremendous financial investment and philosophy of commitment by the organization. Awareness of services to support state-of-the-art care is a factor to consider in selecting a cancer care provider.

## Volume

Patient volume is another important measure of quality health care. Current literature suggests a high number of cancer patient visits indicate physicians may be more familiar with, and more practiced at, treating certain types of cancer. More than 1,550 patients are newly diagnosed or treated at St. Cloud Hospital each year. Most of these patients receive all of their treatment and follow-up at Coborn Cancer Center. Annually, there are more than 18,000 patient appointments with providers and greater than 43,000 appointments for services at Coborn Cancer Center.

## Research

Research is an important component of comprehensive care. Access to cancer research studies can provide patients with cutting-edge care options. In addition, participation in research advances cancer care by identifying effective cancer treatments. More than 50 studies are open for patient enrollment at any given time at Coborn Cancer Center. Patients are screened for clinical trial eligibility throughout their cancer care journey. Currently, more than 320 patients are actively being followed while on a cancer research study at Coborn Cancer Center.

Commission on Cancer

## Location

Most patients prefer to have their care close to home. Diagnosis, treatment and ongoing follow up for cancer requires frequent visits with the specialist and long hours receiving tests and treatment at the cancer center. Cancer care is not provided in isolation by a single provider but is a partnership between the primary care physician and the cancer specialist (medical and/or radiation oncologist) and typically supported behind the scenes by numerous specialists such as surgeons, pathologists, radiologists, geneticists, advanced practice providers and others with expertise in cancer care. There are more than 400 specialists at St. Cloud Hospital who work together to support patients and their primary care providers during their cancer journey.

## Accreditation, recognition & certification

Coborn Cancer Center has been accredited by the American College of Surgeon's Commission on Cancer (CoC) for more than 20 years. The CoC awards accreditation to programs that provide the best in diagnosis and treatment of cancer. In addition, the Coborn Cancer Center Radiation department has obtained accreditation status by the American College of Radiology. This accreditation recognizes quality radiation oncology practices through impartial, third-party peer review.

Although national certification is not a requirement of employment, our nurses are committed to providing quality care. This is reflected through the number of nurses currently holding national certification. Currently, 63% of the nurses at Coborn Cancer Center hold national oncology certification.

Thomson Reuters®, a leading health care data company, recognized St. Cloud Hospital as a Top 100 Hospital for 2009. St. Cloud Hospital was one of 100 hospitals selected from a final pool of more than 3,000 hospitals nationwide.

Thomson Reuters also honored St. Cloud Hospital with its "Everest Award for National Benchmarks." The 23 Everest Award winners have reached the highest level of accomplishment on the 100 Top Hospitals national balanced scorecard — balanced performance combined with the fastest rates of long-term improvement. St. Cloud Hospital is one of only two Minnesota hospitals to win the Everest Award.

Having obtained Outstanding Achievement as a CoC certified program, we continually strive for excellence in cancer care. Should you or your family need cancer services, we are confident in our ability to provide the quality and resources you would expect to receive from the best comprehensive cancer program.

For more information on outcome measures and to look at our quality reporting for select cancer sites, please visit our Web site at www.centracare.com/specialty_centers/cancer/quality_measures.html.

# When a community comes together

## Casting for a Cure

For Tracy and Joe Schulte, the fight against cancer became a personal affair. Tracy's mother, Sandy Karasch, lost her battle to Multiple Myeloma in November 2008. Through their experience, they gained a greater understanding of the impact cancer has on the patient and their family. Inspired by Sandy's journey, and the knowledge that three of every four American families will have at least one family member diagnosed with cancer, the Karasch family created the Greater Minnesota Fight for a Cure organization.

Multiple myeloma cancer facts:

- More than 20,000 new cases are diagnosed each year;
- Average age at diagnosis is 70; and
- Men have a 58 percent higher incidence rate than women.

*— Leukemia Lymphoma Society*

*Sandy and husband, Rick Karasch, with their eight grandchildren (Spring 2007).*

Along with a group of dedicated volunteers, they organized the inaugural "Casting for a Cure," event — a fundraiser to raise funds for cancer awareness, prevention and resources. With the help of a very supportive Central Minnesota community, they raised more than $25,000 for the CentraCare Health Foundation. Bringing families and community together, they are making a difference.

CASTING for a CURE

## Kidney Klimb 2010

Watching your father lose his battle with kidney cancer is no easy feat. For Jesse Godzala, that experience became the catalyst to make a difference in the lives of other families. Reflecting on how the experience impacted his family, and realizing that other families may be experiencing the same challenges, Jesse set out to do something unique and different — climb Mount Kilimanjaro to raise awareness and money for kidney cancer. With the support of individuals and organizations in Central Minnesota, Jesse, sister Matti, and three others raised more than $8,500 in Kidney Klimb's first year to assist low-income families with the costs of medical care. By partnering with CentraCare Health Foundation and Coborn Cancer Center, Kidney Klimb has harnessed the power of community to support patients and families battling kidney cancer.

Kidney Klimb '10
Finding the Cure One Summit at a Time

*The first Kidney Klimb took place on Mount Kilimanjaro, Tanzania, Africa.*

Kidney cancer facts:

- More than 58,000 new cases are diagnosed each year;
- Lifetime risk of getting kidney cancer is about 1 in 70; and
- Men are more likely to be diagnosed with kidney cancer than women.

*— American Cancer Society*

# Individuals making a difference

Cancer is not in a recession — it touches all of us, every day. Last year, more than 968 individuals gave in excess of $336,875 to support the cancer funds of the CentraCare Health Foundation and made a difference in the lives of those who find themselves facing cancer.

*Amy Stolt, RN, gastrointestinal care coordinator, Juli Sanner, RN, OCN, CBCN, breast care coordinator and Debbie Corrigan, RN, OCN, lung care coordinator.*

Whether it's helping fund early detection initiatives, patient education, survivorship services or care coordinator activities, your individual gift makes an enormous difference.

Though times are tough, we remain focused on our vision to become the leader in Minnesota for quality, safety, service and value. Your generous support ensures quality and patient-centered care at every turn.

## Cancer Named Funds

Fund-naming opportunities are available for Coborn Cancer Center. The staff, physicians and patients extend our utmost gratitude.

Almeda Ella Pollish Fund
Aunt Leona Fund
Breast Cancer Greatest Needs Fund
Cancer Survivorship Network Fund
Carl & Marilyn Savage Fund
Coborn Cancer Center Endowment Fund
Coborn Cancer Center Greatest Needs Fund
Craig & Lynn Dahl Fund
Dr. Harold E. Windschitl Cancer Research Fund
Dr. Nicholas & Bernice Reuter Fund
Greater Minnesota Fight For A Cure Fund
Hank & Dee Coppock Fund
Hind Site Fund
Jean Kershner Lung Cancer Fund
John & Nancy Frobenius Breast Cancer Fund
Kristine Cunningham Rose Memorial Fund
Pat Opatz Cancer Research Fund
Pediatric Cancer Greatest Needs Fund
Quinlivan & Hughes Fund
Surviving with Style Fund

For more information on supporting these funds, or establishing your own fund, please call CentraCare Health Foundation at (320) 240-2810. For a complete list of individual benefactors, please visit www.centracare.com/foundation/benefactors.html.

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*Juli Sanner, RN, OCN, CBCN, breast care coordinator.*

## Special recognition

Congratulations to Juli Sanner, RN, OCN, CBCN, breast care coordinator, who recently achieved national certification and celebrated 11 years of outstanding service. Juli holds dual national certifications in oncology nursing and as a breast care certified nurse.

Juli is a familiar face representing compassionate, quality breast cancer care for our community. Juli assures patients receive timely, coordinated care based on nationally accepted standards. In addition, she facilitates support groups, educates the community and helps raise funds to improve patient care. We are honored to have her as a part of our cancer care team.